

## HISTORY FACILITY PROFILE

ALPINE VALLEY CARE CENTER  
25 EAST ALPINE DRIVE  
PLEASANT GROVE UT 84062  
STATE'S REGION CODE: 001

PROVIDER #: 465088  
PHONE NUMBER: (801) 785-3568  
PARTICIPATION DATE: 12/15/1981 CERTIFIED: 52

FACILITY BEDS  
TOTAL: 52  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 08/08/2002

TOTAL: 39  
MEDICARE: 7  
MEDICAID: 24  
OTHER: 8

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

## TOTAL CERTIFIED BEDS: 52

18 18/19 19 ICF/MR  
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52

## CURRENT SURVEY REVISIT DATES - 10/23/2002

PRIOR 3 SURVEY 09/1999	S/S CODE	PRIOR 2 SURVEY 11/2000	S/S CODE	PRIOR 1 SURVEY 12/2001	S/S CODE	CURRENT SURVEY 08/08/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	G					X C	E	10/07/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS REQ F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4 REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS REQ F0516-FACILITY SAFEGUARDS CLINICAL RECORDS
X	E					X C	G	10/07/2002	
X	G					X C	E	10/07/2002	
X	E					X C	B	10/07/2002	
X	E					X C	D	10/07/2002	
		X	E			X C	E	10/07/2002	
		X	E			X C	B	10/07/2002	
				X	D	X C	D	10/07/2002	
				X	D	X C	B	10/07/2002	

## EDITION OF LSC APPLIED

PRIOR 3 SURVEY 06/1999	PRIOR 2 SURVEY 08/2000	PRIOR 1 SURVEY 12/2001	CURRENT SURVEY 08/07/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X		X C	08/08/2002	K0018-CORRIDOR DOORS
			X C	08/08/2002	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X	X				K0038-EXIT ACCESS
	X				K0054-SMOKE DETECTOR MAINTENANCE
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0069-COOKING EQUIPMENT
	X	X	X C	08/08/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	9	2	2	7
HEALTH TOTAL	9	2	2	7
LIFE SAFETY CODE	3	3	4	1
LIFE SAFETY CODE + HEALTH	12	5	6	8

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/11/1999	UNSUBSTANTIATED
08/24/1999	SUBSTANTIATED
12/05/2001	UNSUBSTANTIATED
04/24/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT